



07-26-01

GP 3738

PATENT  
Attorney D... 01.0084-00000  
Customer Number 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson, M.D.

Serial No: 09/457,228

Filed: December 8, 1999

For: SPINAL IMPLANT SURFACE  
CONFIGURATION

Art Unit: 3738

Examiner: Snow, B.

CERTIFICATE OF MAILING VIA U.S. EXPRESS MAIL

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Date of Deposit: July 24, 2001

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TECHNOLOGY CENTER R3700

Assistant Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

I hereby certify that

- ☒ Transmittal letter (in duplicate) including one-month extension
- ☒ Reply to Restriction Requirement under 35 U.S.C. § 121
- ☒ Check in amount of \$ 110.00 for one month extension of time fee
- ☒ Return postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service with sufficient postage under 37 C.F.R. § 1.10 on the date indicated above and are addressed to:

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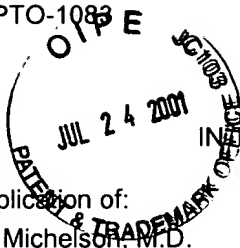
Date: July 24, 2001

14500 Avion Parkway, Suite 300  
Chantilly, VA 20151-1011  
Telephone: 703-679-9300  
Facsimile: 703-679-9303

Rebecca K. Kennedy

Name of person mailing papers

*Rebecca K. Kennedy*  
Signature



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Assistant Commissioner for Patents  
 Washington, D.C. 20231

Dear Sir:

Transmitted herewith is a reply to the restriction requirement dated May 31, 2001 in the above-identified application.

- ☐ No additional fee is required.
- ☒ Applicant hereby requests a one-month extension of time to respond to the above restriction requirement.

The fee has been calculated as shown below:

IS THIS HAS BEEN CALCULATED AS SHOWN BELOW:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	192	-	202**	0	LG=\$18 SM=\$9	\$18	\$ 0
INDEPENDENT CLAIMS FEE	5	-	7***	0	LG=\$80 SM=\$40	\$80	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$270 SMALL ENTITY FEE = \$135		\$ 0
TOTAL							\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ A fee in the amount of \$ 110.00 to cover the one month extension of time fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1066. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.116

Respectfully submitted,

MARTIN &amp; FERRARO LLP

Date: July 24, 2001

By: 

Amedeo F. Ferraro

Registration No. 37,129

Attorney for Applicant(s)

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